PRINTED: 01/26/2022 FORM APPROVED

Division of Health Care Facilities

PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE TO THE APPROPRIATE DEFICIENCY) N 000 Initial Comments N 000 Investigation of complaints #TN00056077 and	STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5580 ROANE STATE HWY ROCKWOOD, TN 37854 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Investigation of complaints #TN00056077 and						1		
SIGNATURE HEALTHCARE OF ROCKWOOD REHAB & 5580 ROANE STATE HWY ROCKWOOD, TN 37854 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Investigation of complaints #TN00056077 and			TN7302	B. WING		01/13	/2022	
ROCKWOOD, TN 37854 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Investigation of complaints #TN00056077 and								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Investigation of complaints #TN00056077 and	SIGNATURE HEALTH	HEALTHCARE OF ROCKWO	OOD REHAR /		Y			
Investigation of complaints #TN00056077 and	PREFIX (EA	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE		
	N 000 Initial Con	nitial Comments		N 000				
#TN00056197 was completed on 1/12/2022 - 1/13/2022 at Signature Healthcare of Rockwood Rehab & Weliness. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	Investigat #TN00056 1/13/2022 Rehab & V under Cha	nvestigation of complaints # TN00056197 was complete /13/2022 at Signature Heal ehab & Wellness. No defic nder Chapter 1200-8-6, Sta	ed on 1/12/2022 - Ithcare of Rockwood ciencies were cited					

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE